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JUN 1 3 2006

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03/22/2006

Thomas L. Irving FINNEGAN, HENDERSON, FARABOW, GARRETT & DUNNER, L.L.P. 1300 I Street, N.W. Washington, DC 20005-3315

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(Signature) (Date

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/821 838	04/12/2004	Louis Marcotte	05725.1302-00	2681

TITLE OF INVENTION: SYSTEM FOR APPLYING A MAKEUP AND/OR BEAUTY CARE FORMULATION

APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO ·	\$1400)	\$300	\$1700	06/22/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS]	
WALCZAK, DAVID J		3751		401-129000		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 Finnegan, Hence Farabow, Garr 2 Farabow, Garr 3 Dunner, LLP			
PLEASE NOTE: Unles recordation as set forth i (A) NAME OF ASSIGN L † OREAL	IEE	elow, no assignee of this form is NOT	data will app f a substitute (B) RESIDI Pari	pear on the patent. If an assign for filing an assignment. ENCE: (CITY and STATE OR C.s., France		_
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Please check the appropriate assignee category or categories (will not	be printed on the patent): Individual XXX Corporation or other private group entity Government
4a. The following fee(s) are enclosed: Issue Fee All Publication Fee (No small entity discount permitted) Advance Order - # of Copies	4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-0916 (enclose an extra copy of this form).
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Authorized Signature	Da \$6/14/2006
Typed or printed name Christopher T. Kent	Regaration 48,216 1400.00 OP

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